

Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

Plumbtech. Inc.

ADDRESS

1549 Sixth Street - Suite C

CITY

Santa Fe

STATE

NM

ZIP CODE

87506

PHONE

505-989-3395

FAX

505-986-1933

EMAIL:

Not Provided

PRIMARY CONTACT:

Bruce Duran

TYPE OF CONSTRUCTION WORK (Check all that apply)

☐ General----List Primary Expertise _Site Work; installation of utility lines (gas, water, sewer, electric)

☐ Site Work

☐ Demolition

☐ Exterior Utilities

☐ Paint

☐ Structural

☐ Steel Fencing

☐ Masonry

☒ Mechanical (HVAC/Plumbing)

☐ Carpet

☐ Roofing

☐ Building

☐ Electrical

☒ Mechanical

☐ Clean Room

☐ Fire Protection

☐ Nuclear Facility

COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

8 years

How many years has your organization been in the construction business under its present business name?

6 years

Under what former names has your organization operated?

Bruce Duran DBA Plumbtech

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Bruce Duran, President – 4 years college.

List the categories of work that your organization normally performs with its company personal.

Plumbing & Heating

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

Santa Fe High School – SF Public Schools – \$1,300,000 7/02 75% complete

Pojoaque Administration – Addition

List your Trade References

Dahl of Santa Fe

Santa Fe Winnelson

Perry Supply

List your Surety company or your banking affiliates.

LANB

What is your organization's current bonding rate?

Single _____ Aggregate _____

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes ☐ No ☒

List your Contractor's New Mexico license classification(s):

057418 MM98

Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

_____ EMR .85 _____

Rate Type: Interstate _____, In-State _____, Monopolistic _____

Insurance Carrier:

Builders Trust

What is your firm's North American Industrial Classification System (NAICS) code?

Unknown

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

☐ Woman owned ☒ Small Business ☐ Small Disadvantaged ☐ 8(a) ☐ Large ☐ Veteran
☐ Disabled Veteran ☐ HUBZone

Present number of employees

☒ 1-20 ☐ 21-40 ☐ 41-60 ☐ 61-100 ☐ Over 100